

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10			X	X		
11						
12						
13						
14						
15						
16	1		1			
17						
18						
19						
20						
21						
22						
23						
24			X	X		
25			X	X		
26						
27						
28						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.		←	28	←	←	←
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←	28	←	←	←
TOTAL CLAIMS						